

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4869</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MEMPHIS</u> <u>JOHNSON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>409 MAPLE STREET</u> City <u>OAKDALE</u> State <u>Louisiana</u> ZIP Code + 4 <u>71463</u>	4. Name, file number, and address of labor organization. Name <u>SOUTHWEST LABORERS DISTRICT COUNCIL</u> Labor Organization File Number <u>549-029</u> P.O. Box, Building and Room Number, if any _____ Street <u>6520 N. 7TH STREET</u> City <u>PHOENIX</u> State <u>Arizona</u> ZIP Code + 4 <u>85014</u>
5. Position in labor organization. <u>ASST. BUSINESS MANAGER S.W.L.D.C.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Merrphis Johnson

On 8/9/05
Date

310-335-0200
Telephone Number

Name of Person Filing MEMPHIS JOHNSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LAB H&S SPONSORED DINNER MEETINGS TO DISCUSS HEALTH/ APPRENTICESHIP/JOBS/ISSUES FOR S.W.D.C. UNION MEMBERS AND EMPLOYERS. VALUE OF DINNER MEETINGS REFLECTED BELOW.

11.b. Approximate dollar value of such dealing.

\$120

12.a. Nature of interest held or income received.

MR. JOHNSON IS A FULL TIME EMPLOYEE OF LAB. S.W.D.C. AND HIS WAGES ARE EXEMPT UNDER SECTION 302(C) LMRA. HE HOLDS NO OWNERSHIP INTEREST. VALUE OF MEALS REFLECTED BELOW.

12.b. Amount.

\$120

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

FAX COVER SHEET
SOILEAU & EXNER
Certified Public Accountants
FAX # (225) 766-7961

DATE : 8/9/05

TO : MEMPHIS JOHNSON

SOILEAU & EXNER, CERTIFIED PUBLIC ACCOUNTANTS
5800 ONE PERKINS PLACE DRIVE, SUITE 9-A
BATON ROUGE, LA 70808

This is Page 1 of a 3 page(s) fax transmission.

If all pages of this fax transmission are not received please
contact;

Soileau & Exner
Certified Public Accountants
(225) 766-7910
5800 One Perkins Place, Dr., Suite 9-A
Baton Rouge, Louisiana 70808

MEMPHIS,

Attached is a copy of the form you need to sign and mail off
to the U.S. Dept of Labor. Mail the form certified mail return
receipt to the following address;

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF LABOR-MANAGEMENT STANDARDS
200 CONSTITUTION AVE., NW, ROOM N-5616
WASHINGTON, DC 20210